

NOTE:

BEST AVAILABLE COPY

POSITION	ID NO.	DATE
CLASSIFIER		
EXAMINER	501	9-12
TYPIST		
VERIFIER		
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

## INDEX OF CLAIMS

Claim	Date
Final	6/15/98
1	1/1/ =
2	2/2/ A
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4	4/2
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SYMBOLS

<	Rejected
=	Allowed
-	(Through numberal) Canceled
+	Restricted
N	Non-elected
I	Interference
A	Appeal
O	Objected

Claim	Date
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